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Bib Data Sheet

CONFIRMATION NO. 2742

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|--|---|-------------------------------|---|--|
| SERIAL NUMBER 09/535,045 | FILING DATE 03/24/2000 RULE | CLASS 345 | GROUP ART UNIT 2672 | ATTORNEY DOCKET NO. NVIDP013 |
| APPLICANTS Walter E. Donovan, Milpitals, CA; John Montrym, Los Altos, CA; <i>SL</i> | | | | |
| ** CONTINUING DATA ***** <i>SL</i> | | | | |
| ** FOREIGN APPLICATIONS ***** <i>SL</i> | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/25/2000 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>SL</i> Acknowledged <i>SL</i> Examiner's Signature Initials | | STATE OR COUNTRY CA | SHEETS DRAWING 6 | TOTAL CLAIMS 38 |
| | | | INDEPENDENT CLAIMS 3 | |
| ADDRESS 28875 | | | | |
| TITLE System, method and article of manufacture for calculating a level of detail (LOD) during computer graphics processing | | | | |
| FILING FEE RECEIVED 507 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |



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|--|---|---------------------------------------|---|--|
| SERIAL NUMBER 09/535,045 | FILING DATE 03/24/2000 RULE - | CLASS 708 345 | GROUP ART UNIT 2787 2779 | ATTORNEY DOCKET NO. NVIDP013 |
| APPLICANTS Walter E. Donovan, Milpitas, CA ; John Montrym, Los Altos, CA ; | | | | |
| ** CONTINUING DATA ***** | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 05/25/2000 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | STATE OR COUNTRY CA | SHEETS DRAWING 6 | TOTAL CLAIMS 38 |
| Verified and Acknowledged Examiner's Signature _____ Initials _____ | | INDEPENDENT CLAIMS 3 | | |
| ADDRESS Hickman Stephens Coleman & Hughes LLP PO Box 52037 Palo Alto, CA 94303-0746 <i>Kevin J. Zika</i> <i>P.O. Box 721030</i> <i>San Jose, CA 95122-1030</i> | | | | |
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